



MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION
P.O. BOX 811 JEFFERSON CITY, MO 65105-0811

MISSOURI TOBACCO DIRECTORY - PARTICIPATING MANUFACTURER CERTIFICATION

FORM
5305
(REV. 04-2011)

PART 1: LIABILITY YEAR AND TYPE OF CERTIFICATION

LIABILITY YEAR FOR THIS CERTIFICATION:

Complete a separate form for each liability
year for which you are certifying (check one)

20 _____

**FOR OFFICE
USE ONLY**

Postmark Date: _____

TYPE OF CERTIFICATION (check one):

☐

Initial

☐

Annual

☐

Supplemental

PART 2: MANUFACTURER IDENTIFICATION

Company Name:

Federal I.D. Number:

Mailing Address:

City:

State:

Zip Code:

Country:

Physical Address:

City:

State:

Zip Code:

Country:

Telephone Number:

() -

Fax Number:

() -

E-mail Address:

Name of Person Completing Certification:

Title:

PART 3: MANUFACTURING FACILITY INFORMATION

Plant Name:

Physical Address:

City:

State:

Zip Code:

Country:

Plant Telephone Number:

() -

Plant Fax:

() -

Name/Title of Contact Person at Plant (if different than above):

PART 4: LICENSE AND PERMITS

U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number:

Foreign Manufacturer Permit Number:

Country Issued:

Last Year Permit or License Issued:

Is Permit/License Current:

☐ YES ☐ NO

- ☐ **Initial Certification or Changed Permit:** A copy of current permit is attached.
- ☐ **Annual or Supplemental Certification:** A copy of the company's current permit was submitted with prior certification and there have been no changes to permit.

PART 5: BRAND FAMILY AND BRAND STYLE IDENTIFICATION

A. Brand Family and Brand Style: For each brand style for which the company is listing for certification or for which the company received certification in a prior year, the following information is attached: (Complete Form 5301 Missouri Tobacco Directory - Participating Manufacturer Brands Certification)

- ☐ **Name:** List the brand family and style as follows - brand family/brand style/brand style/size/container. Those brand styles that will not be sold in the current year should be marked with an asterisk(*).
- ☐ **Cigarette or Roll-Your-Own (RYO):** Indicate whether the product is a cigarette or RYO.

B. **Additional Information:** Check the appropriate box(es):

- ☐ **Initial or Supplemental Certification:** Included with this certification is corresponding actual cigarette or RYO packaging (without tobacco) for each brand style for which the company requests certification.
- ☐ **Annual Certification - No Packaging Changes:** Corresponding actual cigarette or RYO packaging (without tobacco) has been previously provided and there have been no changes to the packaging.
- ☐ **Annual Certification - Packaging Changes/Brand Additions:** There have been changes to the packaging samples previously submitted or new brand styles have been added. Corresponding actual cigarette or RYO packaging (without tobacco) is included.
- ☐ **FSC (Fire Safe Compliance):** Attached is a letter from the Missouri State Fire Marshal's Office indicating that the brand styles for which the company seeks certification are FSC compliant. (Only effective for certifications after January 1, 2011.)
- ☐ **Brand Responsibility:** The company identified in Section 2 affirms that the cigarettes or RYO brands listed herein are to be considered the company's cigarette and RYO brands for the purpose of calculating the company's payments for the purposes of section 196.1000 to 196.1003 RSMo.

PART 6: EXECUTION BY AUTHORIZED PERSON

The undersigned certifies that as of the date of this Certification, the above-named company is a Participating Manufacturer as defined in section 196.1020(6) RSMo.

Under penalty of perjury, I certify and declare that all of the statements contained in this certification, including but not limited to any accompanying statements or attachments herewith, are true, correct, accurate and complete in every particular, and that I am a person authorized to bind the Tobacco Product Manufacturer making this Certification either under the laws of the State of Missouri or the jurisdiction where the manufacturer resides or is organized. **Any violation of the requirements of sections 196.1003 and 196.1020 to 196.1035 RSMo, is basis for removal of the company's brands from Missouri's Directory of Compliant Tobacco Products Manufacturers.**

****THIS CERTIFICATE MUST BE SIGNED AND DATED BEFORE AN AUTHORIZED NOTARY PUBLIC****

Signature of Authorized Person:

Date:

Printed Name:

Title:

NOTARY PUBLIC

IN TESTIMONY WHEREOF, I have thereunto set my hand and affixed the official seal at my office.

NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

Mail the completed original Participating Manufacturer's certification and all supporting documents to:

MISSOURI DEPARTMENT OF REVENUE
Taxation Division
P.O. Box 811
301 W. High Street, Room 330
Jefferson City, MO 65105-0811
573-751-7163

and

MISSOURI ATTORNEY GENERAL
P.O. Box 899
207 W. High Street
Jefferson City, MO 65102-0899
573-751-3321